

EXHIBIT D

Clincy, et al. v. Galardi South Enterprises, Inc., et al.
Civil Action File No. 09-CV-2082-RWS

SETTLEMENT CLAIM FORM

I received the notice of settlement in the lawsuit against Jack Galardi, Michael Kap, Galardi South Enterprises, Consulting, Inc., Galardi South Enterprises, Inc., and Pony Tail, Inc. ("Defendants"). The notice informed me that I will receive a gross settlement amount of \$~~XXXXX~~ if I return this Claim Form and it is received by the deadline set forth in the notice. I wish to take part in the settlement. By returning this Claim Form, I hereby agree to release and forever discharge Defendants (along with their respective heirs, trustees, executors, administrators, successors, and assigns) from all claims asserted in this lawsuit—specifically, (1) failure to pay minimum wage under the Fair Labor Standards Act ("FLSA"), 29 U.S.C. § 206, *et seq.*; (2) failure to pay overtime under the FLSA, 29 U.S.C. § 207; (3) retaliation under the FLSA, 29 U.S.C. § 215, and attorneys' fees and expenses of this litigation.

By returning this Settlement Claim Form, I agree not to contact any news media outlet for the purpose of advertising, marketing, publishing, or issuing press releases about the terms of this Settlement. In the event that the news media contacts me, I agree that you will state that "this matter has been resolved" or words to that effect.

Please confirm that your name and contact information listed below is correct and sign this form. If you have new contact information, please write it in below.

Signature: _____

Printed First Name: _____

Printed Last Name: _____

Address: _____

City, State Zip: _____

EMAIL: _____

PHONE: _____

Mail, Fax, or Email this signed form to:

Nichols Kaster, PLLP
Attn: Anna P. Prakash
4600 IDS Center
80 South 8th Street
Minneapolis, MN 55402
Fax: (612) 215-6870
Email: aprakash@nka.com

THE FORM MUST BE RECEIVED BY [DATE 45 DAYS FROM MAILING].